U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u> </u>		
1. File Number U - 2586	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Danny D Schaub	Name Ironworkers Local Union #380	
	Labor Organization File Number 020767	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1602 E. Butzow Drive	Street 1602 E. Butzow Drive	
City Urbana	City Urbana	
State Illinois ZIP Code + 4 61802	State Illinois ZIP Code + 4 61802	
5. Position in labor organization. Recording Secretary		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name None	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bldg., Room No., if any		
Too. Sox, Slogs, (Notifice), Wally	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Danny & Schaub	On 7/6/05 217 367 6014 Date Telephone Number	

Scheduling and richeous in or derived income or economic benefit with morelatory gate from it submisses (1) a substantial part of which consists of busying from sellar or elevating or derived sading with the business of an employer whose employers you labor organization represents or a softway seelang to represent, or (2) any part of which consists of busying from or sellaring or design develop or indicately to, or otherwise dealing with your labor organization or with a trust in which your labor organizations is refreshed. 8. Name and address of Business (including trade name. if any). Name [The Segal Company] Trade Name, if any: D. Box, Bidg, Room No., if any	Name of Person Filing Danny Schaub	File Number U- 3586			
Name [The Segal Company a Labor Organization b Trust a Labor Organization b Trust	substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or inc	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
Trade Name, if any: P.O. Box, Bidg., Room No., if any	8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Street 101 N. Wacker Drive Suite 500	Name The Segal Company				
Street 101 N. Wacker Drive, Suite 500 City Chicago State Illinois	Trade Name, if any:				
Street 101 N. Wacker Drive, Suite 500 City Chicago State Illinois ZIP Code + 4 60606-1724 10. H 9b. or 9a.c is checked give trust or employer's name. Name Tri-State Welfare District Council Summer Meetings - 2 rounds of golf Trade Name, if any: P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any				
State Illinois ZIP Code + 4 60606-1724 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Tri-State Welfare	Street 101 N. Wacker Drive, Suite 500	C. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Tri-State Welfare Trade Name, if any: P.O. Box, Bidg., Room No., if any Street [2350 East 170th Street City Lansing State Illinois ZIP Code +4 60438 12.b. Amount. C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [CoAmerica Bank Taft Hartley Services - 3767] Trade Name, if any: P.O. Box, Bidg., Room No., if any P.O. Box 75000 Street City Detroit State Michigan ZIP Code +4 48275 14.b. Amount of payment.	City Chicago				
Name Tri-State Welfare Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2350 East 170th Street City Lansing State Tilinois ZIP Code +4 60438 Tilinois Tilinois ZIP Code +4 60438 Tilinois ZIP Code +4 60438 Tilinois Tilinois ZIP Code +4 60438 Tilinois Tilinois ZIP Code +4 60438 Tilinois Tilinoi	State Illinois ZIP Code + 4 60606-1724				
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street [2350 East 170th Street The street [2350 East 170th Street] The street [2350 East 170th Street	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
P.O. Box, Bldg., Room No., if any Street 2350 East 170th Street 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.a. Name and address of Employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name CoAmerica Bank Taft Hartley Services - 3767 Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 75000 Street City Detroit State Michigan 2IP Code +4 48275 14.b. Amount of payment.	Name Tri-State Welfare	District Council Summer Meetings - 2 rounds of golf			
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P.O. Box, Bidg., Room No., if any P.O. Box 75000 Street City Detroit State Michigan ZIP Code + 4 48275 14.b. Amount of payment.		District Council Holiday Party			
Street City Detroit State Michigan ZIP Code + 4 48275 14.b. Amount of payment.	Trade Name, if any:				
Street City Detroit State Michigan ZIP Code + 4 48275 14.b. Amount of payment.	P.O. Box Bidg. Room No. if any P.O. Box 75000				
City Detroit State Michigan ZIP Code + 4 48275 14.b. Amount of payment.					
State Michigan ZIP Code + 4 48275 14.b. Amount of payment.					
14.b. Amount of payment.					
	State Michigan ZIP Code + 4 48275				
	13.b. Is the Business an Employer or Consultant?	1			

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
	Dinner in Galena, IL at District Council Meeting		
Name Horwitz, Horwitz & Associates			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 25 E. Washington, Suite 900			
City Chicago			
State Illinois ZIP Code + 4 60602			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
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City			
State ZIP Code + 4			
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